

HEALTH AND SAFETY CODE

TITLE 2. HEALTH

SUBTITLE G. LICENSES AND OTHER REGULATION

CHAPTER 142A. SUPPORTIVE PALLIATIVE CARE SERVICES

Sec. 142A.0001. DEFINITION. In this chapter, "supportive palliative care" means physician-directed interdisciplinary patient- and family-centered care provided to a patient with a serious illness without regard to the patient's age or terminal prognosis that:

(1) may be provided concurrently with methods of treatment or therapies that seek to cure or minimize the effects of the patient's illness; and

(2) seeks to optimize the quality of life for a patient with a life-threatening or life-limiting illness and the patient's family through various methods, including methods that seek to:

(A) anticipate, prevent, and treat the patient's total suffering related to the patient's physical, emotional, social, and spiritual condition;

(B) address the physical, intellectual, emotional, cultural, social, and spiritual needs of the patient; and

(C) facilitate for the patient regarding treatment options, education, informed consent, and expression of desires.

Added by Acts 2019, 86th Leg., R.S., Ch. 609 (S.B. [916](#)), Sec. 1, eff. June 10, 2019.

Sec. 142A.0002. REFERENCE IN OTHER LAW. Notwithstanding any other law, a reference in this code or other law to palliative care means supportive palliative care.

Added by Acts 2019, 86th Leg., R.S., Ch. 609 (S.B. [916](#)), Sec. 1, eff. June 10, 2019.

For expiration of this section, see Subsection (e).

Sec. 142A.0003. STUDY. (a) The commission shall conduct a study to assess potential improvements to a patient's quality of

care and health outcomes and to anticipated cost savings to this state from supporting the use of or providing Medicaid reimbursement to certain Medicaid recipients for supportive palliative care. The study must include an evaluation and comparison of other states that provide Medicaid reimbursement for supportive palliative care.

(b) The Palliative Care Interdisciplinary Advisory Council established under Chapter 118 shall provide to the commission recommendations on the structure of the study, including recommendations on identifying specific populations of Medicaid recipients, variables, and outcomes to measure in the study.

(c) The commission may collaborate with and solicit and accept gifts, grants, and donations from any public or private source for the purpose of funding the study.

(d) Not later than September 1, 2022, the commission shall provide to the Palliative Care Interdisciplinary Advisory Council the findings of the study. Not later than October 1, 2022, the advisory council shall include the findings of the study in the report required under Section 118.010.

(e) This section expires September 1, 2023.
Added by Acts 2019, 86th Leg., R.S., Ch. 609 (S.B. 916), Sec. 1, eff. June 10, 2019.